

***Appendix L***  
***Peer Review Checklists***

## Great Lakes National Program Office Required Peer Review Information

*If peer review for the work product has not yet been completed, please fill out sections 1 - 9, and 18A of this form.*

1. **Title of Work Product:** \_\_\_\_\_  
\_\_\_\_\_

2. **Objective / Intended Use:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Abstract / Summary:** *(attach document if necessary)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Web Site Address:** \_\_\_\_\_

5. **Cross-Cutting Science Issues:**

<input type="checkbox"/> Children's Health	<input type="checkbox"/> Environmental Justice
<input type="checkbox"/> Cumulative Risk	<input type="checkbox"/> Genomics
<input type="checkbox"/> Contaminated Sediments	<input type="checkbox"/> Indoor Environments
<input type="checkbox"/> Older Americans	<input type="checkbox"/> Tribal Science

6. **Peer Review Leader:** \_\_\_\_\_

7. **Science Category:**

<input type="checkbox"/> Major Scientific/Technical	<input type="checkbox"/> Non-major Scientific/Technical
<input type="checkbox"/> Major Economic	<input type="checkbox"/> Non-major Economic
<input type="checkbox"/> Major Social Science	<input type="checkbox"/> Non-major Social Science

Other: \_\_\_\_\_

8. **Environmental Regulatory Model:**

<input type="checkbox"/> New	<input type="checkbox"/> Modified
<input type="checkbox"/> New Application	<input type="checkbox"/> N/A

**Environmental Medium:**

☐ Air    ☐ Human Health    ☐ Multimedia    ☐ Terrestrial    ☐ Water    ☐ Other

9. **Peer Review Type and Mechanism:**

☐ Internal \_\_\_\_\_  
☐ External \_\_\_\_\_  
☐ To Be Determined \_\_\_\_\_

**10. Results of Peer Review Comments:**

- |   |  |
|---|--|
| <input type="checkbox"/> Substantive revision to final product  | <input type="checkbox"/> Minor revision to final product |
| <input type="checkbox"/> No significant change to final product | <input type="checkbox"/> Product was terminated          |
| <input type="checkbox"/> To Be Determined                       |  |

**11. Peer Review Charge / Instructions:** *(attach document if necessary)*

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**12. Peer Reviewer Name & Affiliation:**

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**13. Peer Review Comments:** *(attach document if necessary)*

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**14. Management Decision on Comments:** *(attach document if necessary)*

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**15. Location of Peer Review File:**

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**16. File Contact:**

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*Name, organization & telephone number, if different from Peer Review Leader.*

**17. Additional Supporting Documentation / Comments:** *(attach documents if necessary)*

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**18. External / Internal Peer Review Dates**

- A. Date of Projected Peer Review: \_\_\_\_\_
- B. Date Peer Review was Conducted: \_\_\_\_\_
- C. Date Peer Review was Completed: \_\_\_\_\_
- D. Date Final Peer Review Comments were received: \_\_\_\_\_
- E. Date of Management Decision on Peer Review Comments: \_\_\_\_\_